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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/812,748
		Filing Date	03/29/2004
		First Named Inventor	Boydston, IV.
		Group Art Unit	3612
		Examiner Name	Gutman, Hillary L.
Total Number of Pages in this Submission	4	Attorney Docket Number	TAL:3984.0023

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee transmittal form <input checked="" type="checkbox"/> Fee attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of Cd(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (identify below)
Remarks: Other enclosures: 1. Return Receipt Postcard 2. Certificate of Correction 3. Duplicate Fee Transmittal 4. Check in the amount of \$100.		

Certificate

APR 21 2006

of Correction

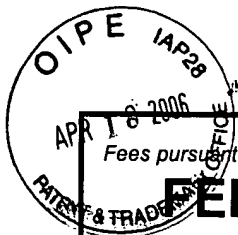
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	<i>Timothy A. Long</i>
Date	April 13, 2006

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being :			
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Type or print name	Timothy A. Long		
Signature	<i>Timothy A. Long</i>	Date	April 13, 2006

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Fees pursuant to Consolidated Appropriations Act 2005 (HR 4818)

FREE TRANSMITTAL for FY 2006

Complete If Known

☐ Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT \$100

Application Number 10/812,748

Filing Date 03/29/2004

First Named Inventor Boydston, IV.

Examiner Name Gutman, Hillary L.

Art Unit 3612

Attorney Docket No. TAL:3984.0023

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number 03-1550 Deposit Account Name Chernoff, Vilhauer

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fees indicated below.

☐ Charge fee(s) indicated below, except for the filing fee.

☒ Charge any additional fee(s) or under payment of fees under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims

_____ - 20 * = _____ 0 x _____ 50 = _____ 0

*20 or highest number of total claims paid for, if greater than 20

Indep. Claims

_____ - 3 ** = _____ 0 x _____ 200 = _____ 0

** 3 or the highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee(\$)

Fee Paid (\$)

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequences or computer listings under 37 C.F.R. 1.52(e), the application size fee due is \$ 250 (\$ 125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee(\$)
_____ - 100 = _____ /50 = _____ 0 (round up to a whole number) = _____ 250 Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$ 130 fee (no small entity discount)

Other (e.g. late filing surcharge): Certificate of Correction Fee

100

SUBMITTED BY

Signature		Registration No.	28,876	Telephone	(503) 227-5631
Name (print type)	Timothy A. Long	Date	April 13, 2006		

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

Page 1 of 1

Patent No. : 7,025,547 B2
Application No.: 10/812,748
Issue Date : April 11, 2006
Inventors : Boydstun IV et al.

It is certified that an error appears or errors appear in the above-identified patent and said Letters Patent is hereby corrected as shown below:

Column 2

Line 66, change "elevation view of a extendible" to - - elevation view of an extendible - -

Column 4

Line 14, change "screw 802" to - - screw 804 - -

Column 7

Line 59, change "supported by carrier slidable" to - - supported by a carrier slidable - -

Column 8

Line 45, change "to position support" to - - to position and support - -

Column 10

Line 23, change "pump 619" to - - pump 916 - -

Column 10

Line 40, change "motors 902, 904, 606, 608" to - - motors 902, 904, 906, 908 - -

Column 11

Line 1-2, change "connectable to first port 634" to - - connectable to a first port 934 - -

Column 11

Line 24, change "pump 616" to - - pump 916 - -

Column 11

Line 25, change "reservoir 618" to - - reservoir 918 - -

Column 12

Line 27, change "schematically to the downward" to - - schematically downward - -

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Chernoff, Vilhauer, McClung & Stenzel, L.L.P.
1600 ODS Tower
601 SW 2nd Avenue
Portland, OR 97204

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